CLAIMS ONLY

Application Number	Filing Date
10064424	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10	Cancel						60						
11	Cancel						61						
12	Cancel						62						
13	Cancel						63						
14	Cancel						64						
15	Cancel						65						
16	Cancel						66						
17	Cancel						67						
18	Cancel						68						
19	Cancel						69						
20							70						
21							71						
22	Cancel						72						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	7						Total Depend						
Total Claims	9						Total Claims						